

DEPARTMENT OF PUBLIC HEALTH
AND HUMAN SERVICES

CHAPTER 104

EMERGENCY MEDICAL SERVICES

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Subchapter 1

General Provisions

37.104.101 DEFINITIONS The following definitions apply in subchapters 1 through 4:

- (1) "Advanced life support (ALS)" means an advanced life support provider as defined in ARM 24.156.2701.
- (2) "Advanced life support service" means an ambulance service or nontransporting medical unit that has the capacity and is licensed by the department to provide care at any of the following levels of care or endorsements 24 hours a day, seven days a week:
 - (a) EMT-B 1, EMT-B 3, EMT-B 4, and EMT-B 5 endorsements;
 - (b) EMT-I and all EMT-I endorsements; or
 - (c) EMT-P and all EMT-P endorsements.
- (3) "Advanced life support (ALS) kit" means equipment and supplies necessary to support the level of care and endorsements authorized by the service medical director.
- (4) "Advisory committee" means the department advisory committee specified in 50-6-324, MCA.
- (5) "Ambulance service" means an emergency medical service that utilizes an ambulance.
- (6) "Authorization" means the authorization for an ambulance service or nontransporting medical unit to provide limited advanced life support as provided in ARM 37.104.109.
- (7) "Automated external defibrillator (AED)" means a medical device heart monitor and defibrillator that is approved by the U.S. food and drug administration.
- (8) "Basic equipment kit" means the equipment and supplies required by ARM 37.104.204.
- (9) "Basic life support (BLS)" means a basic life support level of care as defined in ARM 24.156.2701.
- (10) "Basic life support service" means an ambulance service or nontransporting medical unit capable of providing care at the basic life support level and licensed as a provider under ARM 37.104.109.
- (11) "Board" means the Montana board of medical examiners of the department of labor and industry, more commonly referred to as BME or BOME.
- (12) "Emergency medical technician-basic (EMT-B)" means an individual who is licensed by the board as an EMT-B.

(13) "Emergency medical technician-basic (EMT-basic) equivalent" means one of the following:

- (a) an EMT-basic;
- (b) any licensed EMT provider above EMT-B, including endorsements; or
- (c) a registered nurse with supplemental training.

(14) "Emergency medical technician-first responder (EMT-F)" means an individual who is licensed by the board as an EMT-F.

(15) "Emergency medical technician-first responder equivalent" means one of the following:

- (a) an EMT-F;
- (b) any licensed EMT provider above EMT-F, including endorsements; or
- (c) a registered nurse with supplemental training.

(16) "Emergency medical technician-intermediate (EMT-I)" means an individual who is licensed by the board as an EMT-I.

(17) "Emergency medical technician-intermediate (EMT-I) equivalent" means one of the following:

- (a) an EMT-intermediate;
- (b) any licensed EMT provider above EMT-I, including endorsements; or
- (c) a registered nurse with supplemental training.

(18) "Emergency medical technician-paramedic (EMT-P)" means an individual who is licensed by the board as an EMT-P.

(19) "Emergency medical technician-paramedic (EMT-P) equivalent" means one of the following:

- (a) an EMT-paramedic;
 - (b) an EMT provider with an endorsement above EMT-P; or
 - (c) a registered nurse with supplemental training.
- (20) "FAA" means the federal aviation administration.
- (21) "Grandfathered advanced first aid" means a person:
- (a) certified in American red cross emergency response;
 - (b) certified in cardiopulmonary resuscitation according to current American heart association standards; and

(c) who was continuously a member of a licensed emergency medical service and was certified in American red cross advanced first aid and emergency care from July 1, 1992 through December 31, 1992.

(22) "Level of service" means either basic life support or advanced life support services.

(23) "Nontransporting medical unit (NTU)" means a nontransporting unit as specified in ARM 37.104.111.

(24) "Online medical direction" means online medical direction as defined in ARM 24.156.2701.

(25) "Permit" means a certificate placed in an air or ground ambulance indicating the ambulance vehicle has met the requirements of these rules.

(26) "Statewide protocol" means the statewide protocols defined in ARM 24.156.2701.

(27) "Provisional license" means an emergency medical service license which is granted by the department and is valid for a maximum of 90 days.

(28) "Safety and extrication equipment kit" means the equipment and supplies required in ARM 37.104.205.

(29) "Service medical director" means a person who meets the requirements of a service medical director as provided in ARM 24.156.2701.

(30) "Service plan" means a written description of how an ambulance service or NTU service plans to provide response within its normal service area.

(31) "Stipulations" mean those conditions specified by the department at the time of licensing which must be met by the applicant in order to be licensed as an emergency medical service.

(32) "Supplemental training" means a training program for registered nurses utilized by an emergency medical service that complements their existing education and experience and results in knowledge and skill objectives comparable to the level of EMT training corresponding to the license level authorized by the service medical director.

(33) "Temporary permit" means a written authorization of limited duration indicating an ambulance vehicle may be used by a licensed ambulance service until a permit can be issued.

(34) "Transportation equipment kit" means the equipment and supplies required in ARM 37.104.206.

(35) "Type of service" means either an air ambulance fixed wing, air ambulance rotor wing, ground ambulance, or nontransporting medical unit. (History: 50-6-323, MCA; IMP, 50-6-323, MCA; NEW, 1989 MAR p. 2212, Eff. 1/1/90; AMD, 1997 MAR p. 1201, Eff. 7/8/97; TRANS, from DHES, 2001 MAR p. 2305; AMD, 2006 MAR p. 229, Eff. 12/23/05.)

Rules 02 through 04 reserved

EMERGENCY MEDICAL SERVICES 37.104.106

37.104.105 LICENSE TYPES AND LEVELS (1) A license will be issued for, and authorize performance of, emergency medical services of a specific type and at a basic or advanced life support level.

(2) Except as specifically provided in this chapter, an emergency medical service may be licensed at an advanced life support level only if they can reasonably provide such service 24 hours a day, seven days a week. (History: 50-6-323, MCA; IMP, 50-6-306, 50-6-323, MCA; NEW, 1989 MAR p. 2212, Eff. 1/1/90; TRANS, from DHES, 2001 MAR p. 2305; AMD, 2005 MAR p. 2681, Eff. 12/23/05.)

37.104.106 LICENSE APPLICATION REQUIREMENTS (1) An application for a license to conduct an emergency medical service, including the renewal of a license, must be made on forms specified by the department, accompanied by the license fee, and received by the department not less than 30 days prior to the commencement of a new emergency medical service or the expiration of the license, in the case of an application for renewal.

(2) Within 30 days from receipt of an emergency medical service license application or, if the department requests additional information about the application, within 30 days from receipt of that information, the department shall:

- (a) issue the license;
- (b) issue the license with stipulations;
- (c) issue a provisional license; or
- (d) deny the license.

(3) The department may deny an emergency medical services license if:

(a) the application does not provide all of the requested information; or

(b) there is evidence that the applicant is not complying with these rules.

(4) If the department does not take action on the application within 30 days after its receipt, the emergency medical services license must be issued unless the applicant is known to be in violation of these rules.

(5) The department shall inspect each emergency medical service prior to issuing a license. If an inspection cannot be conducted, the department may issue a provisional license until an inspection can be completed.

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(6) To establish staggered terms of licensing:

(a) When the department receives a completed license application for a new emergency medical service, it will assign that service a number; and

(b) if it grants the license:

(i) an odd numbered service will be issued a license expiring December 31 of the year in which it was issued; and

(ii) an even numbered service will be issued a license expiring December 31 of the year following the year in which it was issued.

(7) If an emergency medical service from another state identifies Montana as part of its service area, and if it regularly provides an initial emergency medical services response into Montana, the emergency medical service must obtain a Montana emergency medical services license as provided by these rules, unless the other state's licensing standards are essentially comparable to those of Montana, in which case the department may license these services through a reciprocal agreement with the other state.

(8) An emergency medical service responding into Montana to transfer patients from a Montana medical facility to a non-Montana medical facility is not required to obtain a Montana license if it is licensed in its state of origin.

(9) If a licensed emergency medical service is not reasonably available, the occasional and infrequent transportation by other means is not prohibited.

(10) In a catastrophe or major emergency when licensed ambulances are insufficient to render services required, nonlicensed emergency medical services may be used. (History: 50-6-323, MCA; IMP, 50-6-306, 50-6-313, 50-6-323, MCA; NEW, 1989 MAR p. 2212, Eff. 1/1/90; TRANS, from DHES, 2001 MAR p. 2305; AMD, 2005 MAR p. 2681, Eff. 12/23/05.)

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37.104.107 WAIVERS (1) A request for a waiver of any licensing requirement, pursuant to 50-6-325, MCA, must be submitted to the department on a form specified by the department.

(2) An emergency medical service that is issued a waiver must notify the department of any change in the circumstances which originally justified the waiver. (History: 50-6-323, MCA; IMP, 50-6-325, MCA; NEW, 1989 MAR p. 2212, Eff. 1/1/90; AMD, 1997 MAR p. 1201, Eff. 7/8/97; TRANS, from DHES, 2001 MAR p. 2305.)

37.104.108 ADVERTISING RESTRICTIONS (1) Except as otherwise specifically provided in this chapter, no person may:

(a) advertise the provision of an emergency medical service without first having obtained a license from the department; or

(b) advertise, allow advertisement of, or otherwise imply provision of emergency medical services at a level of care higher than that for which the service is licensed. (History: 50-6-323, MCA; IMP, 50-6-323, MCA; NEW, 2005 MAR p. 2681, Eff. 12/23/05.)

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37.104.109 BASIC LIFE SUPPORT SERVICE LICENSING (1) An ambulance service or nontransporting medical unit (NTU) capable of providing service only at the basic life support level will be licensed at the basic life support level.

(a) A basic life support service or NTU that provides care at the EMT-B 2 level will receive a basic life support license.

(b) Other than as defined in (1)(a), an ambulance service or NTU that provides advanced life support but cannot reasonably provide it 24 hours per day, seven days per week due to limited personnel, will receive a basic life support license.

(2) Ambulance services or NTUs shall request authorization for (1)(a) or (b) by submitting a service plan on forms provided by the department. (History: 50-6-323, MCA; IMP, 50-6-323, MCA; NEW, 2005 MAR p. 2681, Eff. 12/23/05.)

37.104.110 SERVICE OPERATION (1) An emergency medical service may not be operated in a manner that presents a risk to, threatens, or endangers the public health, safety, or welfare. (History: 50-6-323, MCA; IMP, 50-6-323, MCA; NEW, 2005 MAR p. 2681, Eff. 12/23/05.)

37.104.111 NONTRANSPORTING MEDICAL UNIT (1) A nontransporting medical unit is an aggregate of persons who hold themselves out as providers of emergency medical services who:

(a) do not routinely provide transportation to ill or injured persons; and

(b) routinely offer to provide services to the general public beyond the boundaries of a single recreational site, work site, school, or other facility.

(2) A nontransporting EMS service must have an agreement with a licensed ambulance service to ensure continuity of care and adequate transportation for its patients. An ambulance service is not required to approve of or enter into an agreement with a nontransporting EMS service.

(3) A law enforcement agency, fire department, search and rescue unit, ski patrol, or mine rescue unit which does not hold itself out as a provider of emergency medical care to the public shall not be considered a nontransporting service solely because members of that unit or department provide medical care at the scene of a medical emergency to which they were dispatched for other purposes. (History: 50-6-323, MCA; IMP, 50-6-323, MCA; NEW, 2005 MAR p. 2681, Eff. 12/23/05.)

37.104.112 STANDARD OF CARE (1) All emergency medical personnel must provide care which conforms to the general standard of care promulgated by the board of medical examiners. (History: 50-6-323, MCA; IMP, 50-6-323, MCA; NEW, 2005 MAR p. 2681, Eff. 12/23/05.)

Rule 13 reserved

EMERGENCY MEDICAL SERVICES 37.104.115

37.104.114 LICENSE RENEWALS (1) License renewals will be for two year periods and will expire on December 31 of the second year of the period. (History: 50-6-323, MCA; IMP, 50-6-323, MCA; NEW, 2005 MAR p. 2681, Eff. 12/23/05.)

37.104.115 APPEAL FROM ORDER (1) An order issued by the department may be appealed to the department if the person named in the order submits a written request for a hearing before the department.

(2) In order for the hearing request to be effective, the written request must be received by the department within 30 calendar days after the date a notice of violation and order is served upon the person requesting the hearing. (History: 50-6-323, MCA; IMP, 50-6-323, 50-6-327, MCA; NEW, 1989 MAR p. 2212, Eff. 1/1/90; AMD, 1997 MAR p. 1201, Eff. 7/8/97; TRANS, from DHES, 2001 MAR p. 2305.)

Rules 16 through 19 reserved

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EMERGENCY MEDICAL SERVICES 37.104.120

37.104.120 ADVISORY COMMITTEE (1) An advisory committee will consist of a physician appointed by the department and one representative of each type and level of service licensed, selected from a group of individuals who have expressed an interest in serving on the committee and who have completed and returned the forms specified by the department, with adequate consideration to demographics and geographics.

(2) Members of the committee shall serve 2 or 3 year terms with the initial terms of membership randomly assigned.

(3) The committee may conduct its business by a meeting or, when appropriate, by a telephone conference call. (History: Sec. 50-6-323, MCA; IMP, Sec. 50-6-324, MCA; NEW, 1989 MAR p. 2212, Eff. 1/1/90; TRANS, from DHES, 2001 MAR p. 2305.)

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Subchapter 2

Licensing of Ambulance Service

37.104.201 COMMUNICATIONS (1) A ground ambulance must have a VHF mobile radio, and an air ambulance must have a VHF portable radio, each with a minimum of the following:

- (a) dual tone multi-frequency encoder;
- (b) frequency 155.280 MHz;
- (c) frequency 155.340 MHz;
- (d) frequency 155.325 MHz;
- (e) frequency 155.385 MHz; and
- (f) frequency 153.905 MHz.

(2) A nontransporting unit must have the capability of providing at least one radio at every emergency medical scene with a minimum of the following:

- (a) frequency 155.280 MHz;
- (b) frequency 155.340 MHz; and
- (c) frequency 153.905 MHz.

(3) An emergency medical service must have current legal authorization to use each of the frequencies required in (2).

(History: 50-6-323, MCA; IMP, 50-6-323, MCA; NEW, 1989 MAR p. 2212, Eff. 1/1/90; TRANS, from DHES, 2001 MAR p. 2305; AMD, 2005 MAR p. 2681, Eff. 12/23/05.)

37.104.202

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37.104.202 SAFETY: GENERAL REQUIREMENTS (1) All ambulance vehicles and all emergency medical services equipment must be maintained in a safe and operating condition.

(2) Each emergency medical service must establish written policies and procedures for, and maintain written documentation of, the preventive maintenance of ambulances and emergency medical equipment.

(3) All oxygen cylinders must be secured so that they will not roll, tip over, or become projectiles in the event of a sudden vehicular maneuver.

(4) Emergency medical services personnel must be alert and capable during an emergency response. (History: 50-6-323, MCA; IMP, 50-6-323, MCA; NEW, 1989 MAR p. 2212, Eff. 1/1/90; TRANS, from DHES, 2001 MAR p. 2305.)

37.104.203 EQUIPMENT (1) A basic equipment kit must be in each ground ambulance and available to each nontransporting unit and air ambulance on every call.

(2) When a transportation equipment kit or safety and extrication kit is required, it must be physically in each ground ambulance at all times and available to each air ambulance on every call.

(3) An advanced life support kit does not need to be permanently stored on or in an ambulance or nontransporting unit, but may be kept separately in a modular, prepackaged form, so long as it is available for rapid loading and easy access at the time of an emergency response. (History: 50-6-323, MCA; IMP, 50-6-323, MCA; NEW, 1989 MAR p. 2212, Eff. 1/1/90; TRANS, from DHES, 2001 MAR p. 2305; AMD, 2005 MAR p. 2681, Eff. 12/23/05.)

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37.104.204

37.104.204 BASIC EQUIPMENT KIT (1) A basic equipment kit must include all of the following equipment and supplies:

- (a) two air occlusive dressings;
- (b) one blood pressure manometer with adult, extra large adult, and pediatric cuffs;
- (c) one stethoscope;
- (d) five dressings (assorted);
- (e) two pairs of exam gloves;
- (f) one pair of safety glasses to provide splash protection for the emergency care provider;
- (g) one surgical mask;
- (h) one oral glucose;
- (i) one flashlight;
- (j) four soft roller bandages;
- (k) four rolls of adhesive tape of assorted sizes;
- (l) four triangular bandages;
- (m) four oropharyngeal airways of assorted child and adult sizes;
- (n) one mouth to mask resuscitator with one-way valve, oxygen inlet and oxygen connecting tubing;
- (o) one bulb syringe or equivalent suction apparatus;
- (p) one portable oxygen system containing at least 200 liters of oxygen and with regulator and flowmeter;
- (q) one adult and one pediatric oxygen mask;
- (r) one nasal oxygen cannula;
- (s) one pair of scissors;
- (t) one pair of heavy leather gloves;
- (u) one helmet for personnel that is capable of protection from head injury; and
- (v) paper and pen or pencil. (History: 50-6-323, MCA; IMP, 50-6-323, MCA; NEW, 2005 MAR p. 2681, Eff. 12/23/05.)

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37.104.205 SAFETY AND EXTRICATION KIT (1) A safety and extrication kit must include the following equipment and supplies:

- (a) a total of five pounds of ABC fire extinguisher, except for an extinguisher in an air ambulance, which must meet FAA standards;
- (b) one short immobilization device with patient securing materials;
- (c) three rigid cervical collars of assorted sizes;
- (d) one phillips screwdriver;
- (e) one straight blade screwdriver;
- (f) one spring loaded center punch;
- (g) one crescent wrench;
- (h) one pair pliers; and
- (i) one hacksaw and blade. (History: 50-6-323, MCA; IMP, 50-6-323, MCA; NEW, 2005 MAR p. 2681, Eff. 12/23/05.)

37.104.206 TRANSPORTATION EQUIPMENT KIT (1) A transportation and equipment kit must include the following equipment and supplies:

- (a) one suction unit, either portable or permanently installed, which operates either electrically or by engine vacuum and includes all necessary operating accessories;
- (b) an oxygen supply administration system containing a minimum of 1,000 liters of oxygen;
- (c) one sterile disposable humidifier;
- (d) one rigid pharyngeal suction tip;
- (e) one long spinal immobilization device with patient securing materials;
- (f) one lower extremity traction device;
- (g) two lower extremity rigid splints;
- (h) two upper extremity rigid splints;
- (i) one ambulance cot with at least two restraining straps and, with the exception of an air ambulance litter, four wheels and the capability of elevating the head; and
- (j) clean linen for the primary cot and for replacement. (History: 50-6-323, MCA; IMP, 50-6-323, MCA; NEW, 2005 MAR p. 2681, Eff. 12/23/05.)

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37.104.208 SANITATION (1) Each emergency medical service must develop and adhere to a written service sanitation policy that includes at least a method to dispose of contaminated materials meeting the minimum requirements set out in (2), as well as the following standards:

(a) Products for cleaning shall contain a recognized, effective germicidal agent;

(b) Disposable equipment must be disposed of after its use;

(c) Any equipment that has come in contact with body fluids or secretions must be cleaned with a recognized germicidal/viricidal product;

(d) Linen must be changed after every use;

(e) Oxygen humidifiers must be single service and disposable; and

(f) Needles must not be recapped, bent, or broken, and must be disposed of in a container that provides protection to personnel from a needle puncture.

(2) Each emergency medical service must do at least the following in disposing of infectious waste:

(a) Each service shall store, transport off the premises, and dispose of infectious waste as defined in 75-10-1003, MCA and in accordance with the requirements set forth in 75-10-1005, MCA; and

(b) Used sharps shall be properly packaged and labeled as provided in 75-10-1005, MCA and as required by the occupational safety and health administration (OSHA).

(3) The interior of an ambulance, including all storage areas, must be kept clean and free from dirt, grease and other offensive matter. (History: 50-6-323, MCA; IMP, 50-6-323, MCA; NEW, 1989 MAR p. 2212, Eff. 1/1/90; TRANS, from DHES, 2001 MAR p. 2305; AMD, 2005 MAR p. 2681, Eff. 12/23/05.)

Rules 09 through 11 reserved

37.104.212 RECORDS AND REPORTS (1) Each emergency medical service must maintain a trip report for every run in which patient care was offered or provided, which contains at least the following information:

- (a) identification of the emergency medical services provider;
- (b) date of the call;
- (c) patient's name and address;
- (d) type of run;
- (e) identification of all emergency medical services providers, riders, trainees, or service personnel officially responding to the call;
- (f) the time:
 - (i) the dispatcher was notified;
 - (ii) the emergency medical service was notified;
 - (iii) the emergency medical service was enroute;
 - (iv) of arrival on the scene;
 - (v) the service departed the scene or turned over the patient to an ambulance service; and
 - (vi) of arrival at receiving hospital, if applicable;
- (g) history of the patient's illness or injury, including the findings of the physical examination;
- (h) treatment provided or offered by the emergency medical services personnel, including, when appropriate, a record of all medication administered, the dose, and the time administered;
- (i) record of the patient's vital signs, including the time taken, if applicable;
- (j) utilization of online medical control, if applicable; and
- (k) destination of the patient, if applicable.

(2) Trip reports may be reviewed by the department.

(3) Copies of trip reports must be maintained by the service for a minimum of seven years.

(4) Each emergency medical service must provide the department with a quarterly report, on a form provided by the department, that specifies the number and types of runs occurring during the quarter, the type of emergency, and the average response times.

(5) Immediately or as soon as possible upon arrival at a receiving facility, but no later than 48 hours after the end of the patient transport, an ambulance service must provide a copy of the trip report to the hospital that receives the patient. (History: 50-6-323, MCA; IMP, 50-6-323, MCA; NEW, 1989 MAR p. 2212, Eff. 1/1/90; AMD, 1997 MAR p. 1201, Eff. 7/8/97; TRANS, from DHES, 2001 MAR p. 2305; AMD, 2005 MAR p. 2681, Eff. 12/23/05.)

37.104.213

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37.104.213 PERSONNEL REQUIREMENTS (1) Each emergency medical service must meet the following personnel standards:

(a) All personnel functioning on the emergency medical service must have current certificates, licenses, proof of training or evidence of legal authorization to function;

(b) Emergency medical services personnel may use only that equipment and perform those skills for which they are trained, certified, or licensed and legally permitted to use;

(c) When functioning under the conditions defined in ARM 24.156.2771, a licensed service may use EMTs licensed in another state to provide basic life support; and

(d) EMTs on licensed services may carry and administer auto-injectors as provided for in ARM 24.156.2771.

(2) All ambulances must have at least one of the required personnel as set forth in ARM 37.104.316, 37.104.319, 37.104.326, 37.104.329, 37.104.401, and 37.104.404 attending the patient, and, when providing care at an advanced life support level, the person certified at the corresponding level must attend the patient. (History: 50-6-323, MCA; IMP, 50-6-323, MCA; NEW, 1989 MAR p. 2212, Eff. 1/1/90; TRANS, from DHES, 2001 MAR p. 2305; AMD, 2005 MAR p. 2681, Eff. 12/23/05.)

Rules 14 through 17 reserved

37-25652

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37.104.218 MEDICAL CONTROL: SERVICE MEDICAL DIRECTOR

(1) Each emergency medical service that provides service at the advanced life support level shall have a service medical director.

(2) The requirements and responsibilities of the service medical director shall be as defined in ARM 24.156.2701.

(3) As provided in ARM 24.156.2701, a designated service medical director must be a physician or physician assistant-certified who is responsible professionally and legally for overall medical care provided by a licensed ambulance service.

(History: 50-6-323, MCA; IMP, 50-6-323, MCA; NEW, 1989 MAR p. 2212, Eff. 1/1/90; TRANS, from DHES, 2001 MAR p. 2305; AMD, 2005 MAR p. 2681, Eff. 12/23/05.)

37.104.219 MEDICAL CONTROL: EMT-DEFIBRILLATION

(REPEALED) (History: 50-6-323, MCA; IMP, 50-6-323, MCA; NEW, 1989 MAR p. 2212, Eff. 1/1/90; AMD, 1997 MAR p. 1201, Eff. 7/8/97; TRANS, from DHES, 2001 MAR p. 2305; REP, 2005 MAR p. 2681, Eff. 12/23/05.)

37.104.220

DEPARTMENT OF PUBLIC HEALTH
AND HUMAN SERVICES

37.104.220 MEDICAL CONTROL: EMT-INTERMEDIATE (REPEALED)
(History: 50-6-323, MCA; IMP, 50-6-323, MCA; NEW, 1989 MAR p. 2212, Eff. 1/1/90; TRANS, from DHES, 2001 MAR p. 2305; REP, 2005 MAR p. 2681, Eff. 12/23/05.)

37.104.221 MEDICAL CONTROL: ADVANCED LIFE SUPPORT

- (1) An advanced life support service must have either:
 - (a) a two-way communications system, approved by the department, between the advanced life support service personnel and a 24-hour physician staffed emergency department; or
 - (b) a physician approved by the service medical director.
- (2) A service that provides only endorsement level EMT-B 2 as provided for in ARM 24.156.2751 is not required to have online medical direction. (History: 50-6-323, MCA; IMP, 50-6-323, MCA; NEW, 1989 MAR p. 2212, Eff. 1/1/90; TRANS, from DHES, 2001 MAR p. 2305; AMD, 2005 MAR p. 2681, Eff. 12/23/05.)

EMERGENCY MEDICAL SERVICES

37.104.301

Subchapter 3

Specific Ambulance Licensure Requirements

37.104.301 AMBULANCE (1) No ambulance may be utilized by an emergency medical service until the department has inspected the ambulance; found it is, at the time of inspection, in compliance with these rules; and issued a permit to the emergency medical service for the ambulance. The department may issue a temporary permit, by mail or otherwise, until an inspection can be completed.

(2) The ambulance permit must be displayed either on or in the ambulance as the department directs.

(3) The department may revoke the ambulance permit at any time if the vehicle is no longer in compliance with these rules.

(4) The decision to deny or revoke an ambulance permit may be appealed to the department if the emergency medical service submits a written request for an informal reconsideration to the department within 30 days after the service receives written notice of the decision to revoke or deny the permit.

(a) If a timely request for an informal reconsideration is received, the reconsideration will be conducted within 30 days following the receipt of the request. Such informal reconsideration shall be conducted in accordance with the procedures specified for informal reconsiderations in ARM 37.5.311, and is not subject to the contested case provisions of the Montana Administrative Procedure Act, Title 2, chapter 4, MCA or, except as provided in this rule, the provisions of ARM 37.5.304, 37.5.305, 37.5.307, 37.5.310, 37.5.311, 37.5.313, 37.5.316, 37.5.318, 37.5.322, 37.5.325, 37.5.328, 37.5.331, 37.5.334 and 37.5.337.

(5) The decision of the department after an informal reconsideration conducted pursuant to this rule is a final agency decision. (History: Sec. 50-6-323, MCA; IMP, Sec. 50-6-323, MCA; NEW, 1989 MAR p. 2212, Eff. 1/1/90; AMD, 2000 MAR p. 1653, Eff. 6/30/00; TRANS, from DHES, 2001 MAR p. 2305.)

Rules 02 through 04 reserved

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37.104.305 AMBULANCE SPECIFICATIONS: GENERAL (1) A new ambulance, except one that was in service in Montana in a licensed ambulance service on or before January 1, 1990, must have the following:

(a) a patient envelope, available at all times for the primary patient, above the upper torso and head and providing a minimum rectangle of space above the stretcher that is free of all projections and encumbrances, with an allowance for the curvature of the fuselage of an aircraft and the following dimensions:

- (i) 18 inches wide;
- (ii) 28 inches high;
- (iii) 30 inches long;

(b) additional contiguous space above the lower extremities which provides a minimum rectangle of space above the stretcher with the following dimensions:

- (i) 18 inches wide;
- (ii) 18 inches high;
- (iii) 42 inches long;

(c) space available for the attendant above the stretcher, free of all projections and encumbrances, with the following dimensions:

- (i) 14 inches wide;
- (ii) 18 inches long;
- (iii) 28 inches above the patient cot;

(d) attendant space available at the head or either side of the patient envelope;

(e) a patient compartment isolated throughout the medical mission so that:

(i) the medically related activities do not interfere with the safe operation of the ambulance;

(ii) the vehicle controls and radios are physically protected from any intended or accidental interference by the secured patient; and

(iii) the driver or pilot's out-of-ambulance vision is protected from the reflections of cabin lighting by a blackout curtain, a permanently installed partition, or lighting in blue or red, none of which may interfere with the safe operation of the ambulance.

(2) All ambulances must be equipped with:

(a) seat belts for the driver, attendants, and seated patients; and safety belts to secure the patient to the cot;

(b) a mechanism of securing the cot;

(c) interior lighting in the patient compartment sufficient to allow visual determination of the patient's condition and vital signs. (History: Sec. 50-6-323, MCA; IMP, Sec. 50-6-323, MCA; NEW, 1989 MAR p. 2212, Eff. 1/1/90; TRANS, from DHES, 2001 MAR p. 2305.)

37.104.306

DEPARTMENT OF PUBLIC HEALTH
AND HUMAN SERVICES37.104.306 AMBULANCE SPECIFICATIONS: GROUND AMBULANCES

(1) All ground ambulances must have the following markings and emblems:

(a) The word "ambulance" must be affixed in mirror image in reflectorized lettering, centered above the grill on the front of the vehicle; and

(b) The word "ambulance" must be affixed to the rear of the vehicle in reflectorized lettering.

(2) The required markings may not appear on nonlicensed ambulances, with the exception of those ambulances temporarily in transit within the state.

(3) An ambulance must be equipped with operational emergency lighting and siren.

(4) All new ambulances, except those in service in Montana on or before January 1, 1990, must be equipped with audible backup warning devices. (History: 50-6-323, MCA; IMP, 50-6-323, MCA; NEW, 1989 MAR p. 2212, Eff. 1/1/90; TRANS, from DHES, 2001 MAR p. 2305; AMD, 2005 MAR p. 2681, Eff. 12/23/05.)

37.104.307 AMBULANCE SPECIFICATIONS: AIR AMBULANCE

(1) A rotor wing air ambulance must be fitted with an FAA-approved, externally mounted, searchlight of at least 300,000 candle power, capable of being controlled by the pilot without removing his hands from the flight controls, with a minimum motion of 90 degrees vertical and 180 degrees horizontal.

(2) The stretcher for the air ambulance must be secured by an FAA-approved method and must meet FAA static test load factors.

(3) The entrance in an ambulance for patient loading must be constructed so that under normal circumstances the stretcher does not require excessive tilting or rotation around the pitch or roll axis. (History: 50-6-323, MCA; IMP, 50-6-323, MCA; NEW, 1989 MAR p. 2212, Eff. 1/1/90; TRANS, from DHES, 2001 MAR p. 2305; AMD, 2005 MAR p. 2681, Eff. 12/23/05.)

Rules 08 through 10 reserved

EMERGENCY MEDICAL SERVICES

37.104.311

37.104.311 SAFETY: GROUND AMBULANCE SERVICES (1) Except as provided in (3), an emergency medical service must take measures to assure that the carbon monoxide level in a ground ambulance does not exceed 10 parts per million accumulation at the head of the patient stretcher. The service must continuously maintain in the patient compartment:

(a) a disposable carbon monoxide detector, approved by the department, which is capable of immediately detecting a dangerous rise in the carbon monoxide level; or

(b) an electronic carbon monoxide monitor.

(2) Services that use a disposable carbon monoxide detector must also:

(a) write on the detector the date of its placement; and

(b) keep replaced detectors for a period of three years.

(3) An emergency medical service is not required to maintain a carbon monoxide detector in a diesel powered ambulance.

(4) Windshields must be free from all cracks within the windshield wiper coverage area.

(5) Tires must have at least 4/32 inch of tread depth, measured at two points not less than 15 inches apart in any major tread groove at or near the center of the tire.

(6) No one may smoke in a ground ambulance. (History: 50-6-323, MCA; IMP, 50-6-323, MCA; NEW, 1989 MAR p. 2212, Eff. 1/1/90; TRANS, from DHES, 2001 MAR p. 2305; AMD, 2005 MAR p. 2681, Eff. 12/23/05.)

37.104.312

DEPARTMENT OF PUBLIC HEALTH
AND HUMAN SERVICES

37.104.312 SAFETY: AIR AMBULANCE (1) Each stretcher support must have, as a minimum, FAA-approved provisions for securing a 95th percentile adult American male patient, consisting of individual restraints across the chest and legs, and, with the exception of rotor wing ambulances, a shoulder harness that meets FAA technical service order standards.

(2) In rotor wing ambulances, high pressure containers and lines for medical gases may not be positioned in the scatter zone of the engine turbine wheels, unless adequate protection is provided to prevent penetration by turbine blade and wheel parts.

(3) Survival gear applicable to the needs of the area of operation and the number of occupants must be carried on board and appropriately maintained.

(4) Any modifications to the interior of an aircraft to accommodate medical equipment must have FAA approval and be maintained to FAA standards.

(5) No one may smoke in an air ambulance.

(6) An emergency medical service must take measures to assure that the carbon monoxide level does not exceed 10 parts per million accumulation at the head of the patient stretcher or in the pilot's compartment, including the following:

(a) continuously maintaining, in the patient compartment and in the pilot's compartment, disposable or electronic carbon monoxide detectors, approved by the department, which are capable of immediately detecting a dangerous rise in the carbon monoxide level;

(b) writing on each of the disposable detectors the date of its placement, and replacing it prior to the expiration date;

(c) keeping replaced disposable detectors for a period of three years after the date of their replacement. (History: 50-6-323, MCA; IMP, 50-6-323, MCA; NEW, 1989 MAR p. 2212, Eff. 1/1/90; TRANS, from DHES, 2001 MAR p. 2305; AMD, 2005 MAR p. 2681, Eff. 12/23/05.)

Rules 13 through 15 reserved

EMERGENCY MEDICAL SERVICES 37.104.317

37.104.316 PERSONNEL REQUIREMENTS: BASIC LIFE SUPPORT GROUND AMBULANCE SERVICE (1) A basic life support ground ambulance service must ensure that at least two of the following individuals are on board the ambulance when a patient is loaded or transported, with the proviso that having only two EMT-Fs with ambulance endorsements on a call is not allowed:

(a) a grandfathered person certified in advanced first aid;

(b) an EMT-basic equivalent; or

(c) a physician.

(2) A basic life support ambulance service may be authorized as provided in ARM 37.104.320 to provide on some calls, based on personnel availability, a higher level of care than that for which it is licensed. (History: 50-6-323, MCA; IMP, 50-6-323, MCA; NEW, 1989 MAR p. 2212, Eff. 1/1/90; TRANS, from DHES, 2001 MAR p. 2305; AMD, 2005 MAR p. 2681, Eff. 12/23/05.)

37.104.317 PERSONNEL: EMT-DEFIBRILLATION GROUND AMBULANCE SERVICE (REPEALED) (History: 50-6-323, MCA; IMP, 50-6-323, MCA; NEW, 1989 MAR p. 2212, Eff. 1/1/90; TRANS, from DHES, 2001 MAR p. 2305; REP, 2005 MAR p. 2681, Eff. 12/23/05.)

37.104.318 DEPARTMENT OF PUBLIC HEALTH
AND HUMAN SERVICES

37.104.318 PERSONNEL: EMT-INTERMEDIATE GROUND AMBULANCE SERVICE (REPEALED) (History: 50-6-323, MCA; IMP, 50-6-323, MCA; NEW, 1989 MAR p. 2212, Eff. 1/1/90; TRANS, from DHES, 2001 MAR p. 2305; REP, 2005 MAR p. 2681, Eff. 12/23/05.)

37.104.319 PERSONNEL: ADVANCED LIFE SUPPORT GROUND AMBULANCE SERVICE (1) An advanced life support ground ambulance service must:

(a) meet the personnel requirements of a basic life support ground ambulance service contained in ARM 37.104.316; and

(b) when transporting a patient at the advanced life support level, ensure that one of the required personnel is an advanced life support EMT. (History: 50-6-323, MCA; IMP, 50-6-323, MCA; NEW, 1989 MAR p. 2212, Eff. 1/1/90; TRANS, from DHES, 2001 MAR p. 2305; AMD, 2005 MAR p. 2681, Eff. 12/23/05.)

37.104.320 AUTHORIZATION (1) In order for a basic service to be authorized at a higher level of service, it must:

(a) apply on forms provided by the department; and

(b) have an approved service medical director. (History: 50-6-323, MCA; IMP, 50-6-323, MCA; NEW, 2005 MAR p. 2681, Eff. 12/23/05.)

Rules 21 through 24 reserved

EMERGENCY MEDICAL SERVICES 37.104.329

37.104.325 PERSONNEL: AIR AMBULANCE, GENERAL (1) All air ambulance personnel who are added to the roster of the service after January 1, 1993, must be certified by their local medical director as having completed the knowledge and skill objectives of an aeromedical training program approved by the department, with the exception that a new employee may function as an air ambulance attendant for a maximum of one year without this aeromedical training.

(2) During inter-facility transfers by air ambulance, the service medical director may specify the level of training personnel in attendance must have in order to match the medical needs of the patient, with the proviso that (1) above must still be complied with. (History: 50-6-323, MCA; IMP, 50-6-323, MCA; NEW, 1989 MAR p. 2212, Eff. 1/1/90; TRANS, from DHES, 2001 MAR p. 2305.)

37.104.326 PERSONNEL: BASIC LIFE SUPPORT AIR AMBULANCE SERVICE (1) A basic life support air ambulance must meet the personnel requirements of a basic life support ground ambulance contained in ARM 37.104.316, with the exception that only one person is required in addition to the pilot. (History: 50-6-323, MCA; IMP, 50-6-323, MCA; NEW, 1989 MAR p. 2212, Eff. 1/1/90; TRANS, from DHES, 2001 MAR p. 2305.)

37.104.327 PERSONNEL: EMT-DEFIBRILLATION LIFE SUPPORT AIR AMBULANCE SERVICE (REPEALED) (History: 50-6-323, MCA; IMP, 50-6-323, MCA; NEW, 1989 MAR p. 2212, Eff. 1/1/90; TRANS, from DHES, 2001 MAR p. 2305; REP, 2005 MAR p. 2681, Eff. 12/23/05.)

37.104.328 PERSONNEL: EMT-INTERMEDIATE LIFE SUPPORT AIR AMBULANCE SERVICE (REPEALED) (History: 50-6-323, MCA; IMP, 50-6-323, MCA; NEW, 1989 MAR p. 2212, Eff. 1/1/90; TRANS, from DHES, 2001 MAR p. 2305; REP, 2005 MAR p. 2681, Eff. 12/23/05.)

37.104.329 PERSONNEL: ADVANCED LIFE SUPPORT AIR AMBULANCE SERVICE (1) In addition to the pilot, one advanced life support EMT is required. (History: 50-6-323, MCA; IMP, 50-6-323, MCA; NEW, 1989 MAR p. 2212, Eff. 1/1/90; TRANS, from DHES, 2001 MAR p. 2305; AMD, 2005 MAR p. 2681, Eff. 12/23/05.)

37.104.330

DEPARTMENT OF PUBLIC HEALTH
AND HUMAN SERVICES

37.104.330 EMT LEVEL OF CARE LIMITATIONS (1) With the exception of a physician or the circumstances described in ARM 37.104.335(3), individual personnel shall not provide a level of care higher than the level and type for which the emergency medical service is licensed. The service must be licensed or authorized to operate at the highest level it plans to allow individuals to provide care. (History: 50-6-323, MCA; IMP, 50-6-323, MCA; NEW, 2005 MAR p. 2681, Eff. 12/23/05.)

Rules 31 through 34 reserved

EMERGENCY MEDICAL SERVICES 37.104.336

37.104.335 OTHER REQUIREMENTS: AMBULANCE SERVICES

(1) If an ambulance service publicly advertises a telephone number to receive calls for emergency assistance, that telephone number must be answered 24 hours a day, seven days per week.

(2) An ambulance service may transport patients who are receiving care at a higher level than the level for which the service is licensed if:

(a) The higher level of care is initiated by a licensed emergency medical service authorized to perform that level of care; and

(b) The personnel and the equipment of the emergency medical services licensed at the higher level accompany the patient in the ambulance.

(3) An ambulance service may perform inter-facility (including between a physician's office and hospital) transfers at a higher level of care than the level to which the service is licensed if personnel trained and legally authorized to provide the higher level of care, as well as appropriate equipment, accompany the patient in the ambulance to assure continuity of patient care.

(4) Ambulance services may use only those vehicles which have received either a permit or a temporary permit from the department. (History: 50-6-323, MCA; IMP, 50-6-323, MCA; NEW, 1989 MAR p. 2212, Eff. 1/1/90; TRANS, from DHES, 2001 MAR p. 2305.)

37.104.336 OTHER REQUIREMENTS: AIR AMBULANCE SERVICE

(1) An air ambulance service must be licensed under current FAA regulations. (History: 50-6-323, MCA; IMP, 50-6-323, MCA; NEW, 1989 MAR p. 2212, Eff. 1/1/90; TRANS, from DHES, 2001 MAR p. 2305; AMD, 2005 MAR p. 2681, Eff. 12/23/05.)

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EMERGENCY MEDICAL SERVICES 37.104.403

Subchapter 4

Specific Nontransporting Services License Requirements

37.104.401 PERSONNEL: BASIC LIFE SUPPORT NONTRANSPORTING UNIT (1) At least one of the following individuals must be on each call:

- (a) a person with a grandfathered advanced first aid training;
- (b) an EMT-first responder (EMT-F);
- (c) an EMT-first responder equivalent; or
- (d) a licensed physician. (History: 50-6-323, MCA; IMP, 50-6-323, MCA; NEW, 1989 MAR p. 2212, Eff. 1/1/90; TRANS, from DHES, 2001 MAR p. 2305; AMD, 2005 MAR p. 2681, Eff. 12/23/05.)

37.104.402 PERSONNEL: EMT-DEFIBRILLATION LIFE SUPPORT NONTRANSPORTING UNIT (REPEALED) (History: 50-6-323, MCA; IMP, 50-6-323, MCA; NEW, 1989 MAR p. 2212, Eff. 1/1/90; TRANS, from DHES, 2001 MAR p. 2305; REP, 2005 MAR p. 2681, Eff. 12/23/05.)

37.104.403 PERSONNEL: EMT-INTERMEDIATE LIFE SUPPORT NONTRANSPORTING UNIT (REPEALED) (History: 50-6-323, MCA; IMP, 50-6-323, MCA; NEW, 1989 MAR p. 2212, Eff. 1/1/90; TRANS, from DHES, 2001 MAR p. 2305; REP, 2005 MAR p. 2681, Eff. 12/23/05.)

37.104.404 DEPARTMENT OF PUBLIC HEALTH
AND HUMAN SERVICES

37.104.404 PERSONNEL: ADVANCED LIFE SUPPORT
NONTRANSPORTING UNIT (1) An advanced life support
nontransporting unit must:

(a) meet the personnel requirements of a basic life
support nontransporting unit contained in ARM 37.104.401; and

(b) when responding at the advanced life support level,
ensure that at least one advanced level EMT is on the call.
(History: 50-6-323, MCA; IMP, 50-6-323, MCA; NEW, 1989 MAR p.
2212, Eff. 1/1/90; TRANS, from DHES, 2001 MAR p. 2305; AMD, 2005
MAR p. 2681, Eff. 12/23/05.)

Rules 05 through 09 reserved

37.104.410 OTHER REQUIREMENTS: NONTRANSPORTING SERVICES

(1) A nontransporting unit must:

(a) Assure that patients are not transported by a
nonlicensed ambulance service, unless a licensed service is not
reasonably available;

(b) Assure either that the patient is always transported
by an ambulance service licensed to provide at least the same
level of patient care commenced by the nontransporting service
or that the ambulance service carries the personnel and
equipment of the nontransporting service with the patient to the
hospital if a level of care has commenced which the ambulance
service cannot legally continue;

(c) Have a written dispatch policy and procedure
coordinated with a licensed ambulance service. (History: 50-6-
323, MCA; IMP, 50-6-323, MCA; NEW, 1989 MAR p. 2212, Eff.
1/1/90; TRANS, from DHES, 2001 MAR p. 2305.)

Subchapter 5 reserved

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EMERGENCY MEDICAL SERVICES 37.104.601

Subchapter 6

Automated External Defibrillators (AED)

37.104.601 DEFINITIONS The following definitions apply to this chapter, in addition to the definitions contained in 50-6-501, MCA:

(1) "Automated external defibrillators (AED) training program" means a course of instruction approved by the department which provides the initial education in the use of the AED and which has requirements for continued assurance of the competency of individuals in using an AED.

(2) "CPR" means cardiopulmonary resuscitation. (History: Sec. 50-6-503, MCA; IMP, Sec. 50-6-501, MCA; NEW, 1999 MAR p. 1913, Eff. 9/10/99; TRANS, from DHES, 2001 MAR p. 2305.)

Rules 02 and 03 reserved

EMERGENCY MEDICAL SERVICES 37.104.604

37.104.604 WRITTEN PLAN (1) An entity wishing to use or allow the use of an AED shall develop, update as changes are made, and adhere to a written plan that:

(a) for a stationary location specifies the physical address where the AED will be located;

(b) for a mobile location specifies the geographic area in which the AED will be used and specifies how the AED will be transported to the scene of a cardiac arrest;

(c) includes the names of the individuals currently authorized to use the AED;

(d) describes how the AED use will be coordinated with each licensed emergency medical service providing coverage in the area where the AED is located, including how emergency medical services will be activated every time that an AED is attached to a patient;

(e) specifies the name, telephone number(s) and address of the Montana licensed physician who will be providing medical supervision to the AED program and how the physician, or the physician's designee, will supervise the AED program;

(f) specifies the name, telephone number(s) and address of the physician's designee, if any, who will assist the physician in supervising the AED program;

(g) specifies the maintenance procedures for the AED, including how it will be maintained, tested and operated according to the manufacturer's guidelines;

(h) requires that written records of all maintenance and testing performed on the AED be kept;

(i) describes the records that will be maintained by the program; and

(j) describes how the required reports of AED use will be made to the physician supervising the AED program, or their designee, and to the department. (History: Sec. 50-6-503, MCA; IMP, Sec. 50-6-501 and 50-6-503, MCA; NEW, 1999 MAR p. 1913, Eff. 9/10/99; TRANS, from DHES, 2001 MAR p. 2305.)

37.104.605

DEPARTMENT OF PUBLIC HEALTH
AND HUMAN SERVICES

37.104.605 WRITTEN NOTICE (1) Prior to allowing any use of an AED, an entity must provide the following, in addition to a copy of the plan required by ARM 37.104.604, to each licensed emergency medical service and public safety answering point or emergency dispatch center in the area where the AED is located:

(a) a written notice, on a form provided by the department, that includes the following information:

(i) the name of the entity that is establishing the AED program;

(ii) the business address and telephone number, including physical location, of the entity;

(iii) the name, telephone number and address of the individual who is responsible for the onsite management of the AED program;

(iv) the starting date of the AED program; and

(v) where the AED is physically located. (History: Sec. 50-6-503, MCA; IMP, Sec. 50-6-502 and 50-6-503, MCA; NEW, 1999 MAR p. 1913, Eff. 9/10/99; TRANS, from DHES, 2001 MAR p. 2305.)

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EMERGENCY MEDICAL SERVICES

37.104.606

37.104.606 REPORTS (1) Every time an AED is attached to a patient, its use must be reported to the supervising physician or the physician's designee and the report must include the information required by the supervising physician.

(2) Every time an AED is attached to a patient, the supervising physician or their designee shall provide to the department, on a form provided by the department, the following information:

- (a) the name of the entity responsible for the AED;
- (b) the name, address and telephone number of the supervising physician;
- (c) the date of the call;
- (d) the age of the patient;
- (e) the gender of the patient;
- (f) location of the cardiac arrest;
- (g) estimated time of the cardiac arrest;
- (h) whether or not CPR was initiated prior to the application of the AED;
- (i) whether or not the cardiac arrest was witnessed;
- (j) the time the first shock was delivered to the patient;
- (k) the total number of shocks and joules delivered;
- (l) whether or not there was a pulse after the shocks and whether or not the pulse was sustained; and
- (m) whether or not the patient was transported, and if so, the name of the transporting agency and the location to which the patient was transported. (History: Sec. 50-6-503, MCA; IMP, Sec. 50-6-502 and 50-6-503, MCA; NEW, 1999 MAR p. 1913, Eff. 9/10/99; TRANS, from DHES, 2001 MAR p. 2305.)

Rules 07 through 09 reserved

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EMERGENCY MEDICAL SERVICES 37.104.610

37.104.610 TRAINING (1) In order to be authorized by an AED program plan to use an AED, an individual must:

(a) have current training in adult cardiopulmonary resuscitation that meets the standards of the American heart association and must renew this training at intervals not to exceed 2 years;

(b) complete one of the approved AED training programs listed in (2) below and renew the training at intervals not to exceed 2 years.

(2) AED training programs developed by the following organizations are approved by the department:

(a) American heart association;

(b) American national red cross;

(c) national safety council;

(d) EMP international, inc. (History: Sec. 50-6-503, MCA; IMP, Sec. 50-6-502 and 50-6-503, MCA; NEW, 1999 MAR p. 1913, Eff. 9/10/99; TRANS, from DHES, 2001 MAR p. 2305.)

Rules 11 through 14 reserved

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EMERGENCY MEDICAL SERVICES 37.104.616

37.104.615 MEDICAL PROTOCOL (1) A medical protocol for defibrillation use must be consistent with the energy requirements for defibrillation set out on pages 2211 through 2212 of "Guidelines for Cardiopulmonary Resuscitation and Emergency Cardiac Care, Recommendations of the 1992 National Conference" published in the Journal of the American Medical Association on October 28, 1992, Volume 268, Number 16, or with the 1998 American Heart Association Guidelines for Cardiopulmonary Resuscitation and Emergency Cardiac Care.

(2) The department hereby adopts and incorporates by reference the energy requirements for defibrillation referred to in (1), which set standards for proper defibrillation. A copy of the documents referred to in (1) above may be obtained from the Department of Public Health and Human Services, Health and Human Services Division, Emergency Medical Services and Injury Prevention Section, 1400 Broadway, P.O. Box 202951, Helena, MT 59620-2951. (History: 50-6-503, MCA; IMP, 50-6-502, MCA; NEW, 1999 MAR p. 1913, Eff. 9/10/99; TRANS, from DHES, 2001 MAR p. 2305.)

37.104.616 REQUIREMENTS OF AUTOMATED EXTERNAL DEFIBRILLATORS (AED) (1) An AED used by an AED program must be a unit approved by the U.S. food and drug administration. (History: 50-6-503, MCA; IMP, 50-6-503, MCA; NEW, 1999 MAR p. 1913, Eff. 9/10/99; TRANS, from DHES, 2001 MAR p. 2305; AMD, 2005 MAR p. 2681, Eff. 12/23/05.)

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Subchapter 8

Notification of Exposure to Infectious Disease

37.104.801 TRANSMITTABLE INFECTIOUS DISEASES (1) The following infectious diseases are designated as having the potential of being transmitted to emergency services providers through an exposure described in ARM 37.104.804:

(a) human immunodeficiency virus infection (AIDS or HIV infection);

(b) hepatitis B;

(c) hepatitis C;

(d) hepatitis D;

(e) communicable pulmonary tuberculosis;

(f) meningococcal meningitis; and

(g) any disease attributed to a specific bacterial, parasitic, or other agent recognized by "The Control of Communicable Diseases Manual" as transmittable person to person by any of the exposures listed in ARM 37.104.804.

(2) For purposes of the reporting requirements of 50-16-702(2), MCA, communicable pulmonary tuberculosis and meningococcal meningitis are considered airborne infectious diseases.

(3) For the purpose of (1)(g) above, the department hereby adopts and incorporates by reference the "The Control of Communicable Diseases Manual" published by American public health association, 16th edition, 1995, which contains a list of transmission and control measures for communicable diseases. A copy of the manual may be obtained from the American Public Health Association, 1015 15th Street NW, Washington, DC 20005. (History: Sec. 50-16-701 and 50-16-705, MCA; IMP, Sec. 50-16-701 and 50-16-705, MCA; NEW, 1989 MAR p. 2229, Eff. 12/22/89; EMERG, AMD, 1994 MAR p. 1704, Eff. 6/24/94; AMD, 1999 MAR p.

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37.104.804 REPORTABLE EXPOSURE (1) The types of exposures that a designated officer shall report to a health care facility upon the request of an emergency services provider are:

(a) any person to person contact in which a co-mingling of respiratory secretion (saliva and sputum) of the patient and the emergency services provider may have taken place;

(b) transmittal of the blood or bloody body fluids of the patient onto the mucous membranes of the emergency services provider (mouth, nose, eyes) and/or into breaks in the skin of the emergency services provider;

(c) transmittal of other body fluids (semen, vaginal secretion, amniotic fluid, feces, wound drainage, or cerebral spinal fluid) onto the mucous membranes of the emergency services provider;

(d) any non-barrier protected contact of the emergency services provider with the mucous membranes or non-intact skin of the patient. (History: Sec. 50-16-705, MCA; IMP, Sec. 50-16-701 and 50-16-705, MCA; NEW, 1989 MAR p. 2229, Eff. 12/22/89; EMERG, AMD, 1994 MAR p. 1704, Eff. 6/24/94; TRANS, from DHES, 2001 MAR p. 2305.)

37.104.805

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37.104.805 EXPOSURE FORM (1) A report of exposure must be filed with the health care facility by the designated officer on a form developed and approved by the department, entitled "Report of Exposure".

(2) The report form will require the following, at a minimum:

(a) name, address, and phone numbers of the emergency services provider who sustained an exposure;

(b) date and time of the exposure;

(c) a narrative description of the type of exposure that occurred, a detailed description of how the exposure took place, and a description of any precautions taken;

(d) the name and, if available, the date of birth of the patient;

(e) the name of the health care facility receiving the patient and the health care facility's infectious disease control officer;

(f) the name of the emergency services organization with which the health care provider was officially responding;

(g) the names and phone numbers of the designated officer and the alternate;

(h) the address of the designated officer to which the written notification required by 50-16-702(2)(c), MCA, is to be sent; and

(i) the signature of the designated officer filing the report.

(3) A copy of the required form is available from the Department of Public Health and Human Services, Public Health and Safety Division, Emergency Medical Services and Trauma

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37.104.810 RECOMMENDED MEDICAL PRECAUTIONS AND TREATMENT

(1) At a minimum, a health care facility that notifies the designated officer of the emergency services provider who attended a patient prior to or during transport or who transported a patient who has been diagnosed as having one of the infectious diseases listed in ARM 37.104.801 must recommend that the exposed emergency services provider take the medical precautions and treatment:

(a) specified in "The Control of Communicable Diseases Manual", published by the American public health association, 16th Edition, 1995; and

(b) other additional medical precautions and treatment recommended by the health care facility.

(2) The designated officer must then forward these recommendations to the emergency medical services provider(s) who was/were exposed.

(3) The department hereby adopts and incorporates by reference "The Control of Communicable Diseases Manual", published by the American Public Health Association, 16th Edition, 1995, which lists and specifies control measures for communicable diseases. A copy of "The Control of Communicable Diseases Manual" may be obtained from the American Public Health Association, 1015 15th Street NW, Washington, DC 20005. (History: Sec. 50-16-705, MCA; IMP, Sec. 50-16-703 and 50-16-705, MCA; NEW, 1989 MAR p. 2229, Eff. 12/22/89; EMERG, AMD, 1994 MAR p. 1704, Eff. 6/24/94; AMD, 1999 MAR p. 1127, Eff. 5/21/99; TRANS, from DHES, 2001 MAR p. 2305.)

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